

Reimbursement Policy

Subject: Durable Medical Equipment (Rent to Purchase)	
Policy Number: G-06052	Policy Section: DME and Supplies
Last Approval Date: 06/13/2023	Effective Date: 06/13/2023

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providers.anthem.com/in>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect member’s Anthem Blue Cross and Blue Shield (Anthem) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

<https://providers.anthem.com/in>

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.
INBCBS-CD-RP-036426-23-CPN36169 December 2023

Policy

Anthem allows reimbursement for durable medical equipment (DME) under specific guidelines unless otherwise noted by provider, state, federal, or CMS contracts and/or requirements. Anthem requires that all DME claims be submitted with the applicable HCPCS code(s) and have the applicable modifier appended.

Reimbursement is based on the rental price up to the maximum allowed of the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Circumstances Affecting Rental Reimbursement

The reimbursement limit for rented DME is 10 months. Once the limit is met, claims submitted for the rental of the item will be denied:

- Rental periods that contain a break in coverage of more than 60 days will start the limitation count over.
- On the occasion a member changes suppliers during the rental period, a new rental period will not start over.

Note: Oxygen and oxygen equipment are not considered capped rental items and have no reimbursement limit.

Supplies, contents, and accessory components associated with oxygen rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

Items Not Considered DME

The following items are not considered DME:

- Prosthetics or orthotics
- Disposable medical supplies (DMS)

Note: This policy does not apply to direct purchase DME.

Nonreimbursable DME

Anthem does not allow reimbursement for:

- Provision of DME that exceeds the benefit limit unless authorized through medical necessity.
- Repair or replacement of DME necessitated by abuse or neglect.
- Repair or replacement of DME during the warranty period.
- Enhancements or upgrades of DME for the convenience of the member or caregiver.
- The aesthetic appearance of DME for the preference of the member or caregiver.
- DME considered to be experimental or investigational.
- The purchase or rental of common household items that are not medically indicated.
- DME provided by a skilled nursing facility; this equipment is normally included as part of the facility charge and is not separately reimbursable, unless otherwise stated in a provider contract.

Related Coding

Standard correct coding applies

Policy History	
06/13/2023	Review approved and effective: policy template updated; added clarification language for oxygen rental
02/01/2021	Update due to regulatory directive: rental limit updated to 10 months effective
09/14/2020	Review approved and effective
10/18/2019	Review approved: policy language updated
10/26/2018	Review approved and effective: policy template updated
02/15/2016	Initial approval 02/15/2016 and effective 01/01/2017

Definitions	
Durable Medical Equipment (DME)	<p>Items that meet the following criteria:</p> <ul style="list-style-type: none"> • Are primarily and customarily used to serve a medical purpose rather than convenience or comfort. • Can withstand repeated use. • Generally, are not useful to a person without an illness or injury. • Are appropriate for use in the home. • Are prescribed by a licensed physician/practitioner. <p>All requirements in the definition must be met before an item can be considered DME.</p>
Rent-to-purchase	A time period where reimbursement is based on a monthly fee up to the amount that the item will be considered purchased.
Capped rental	An amount reimbursed on a monthly rental basis, which will not exceed the applicable number of continuous months. If the service is billed beyond the maximum number of rental months, no additional reimbursement will be allowed.
General Reimbursement Policy Definitions	

Related Policies and Materials
Reimbursement for Items under Warranty